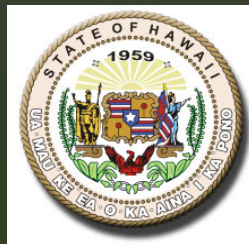


Community Forum: Integration and Expansion of Behavioral Health Services for Medicaid Beneficiaries

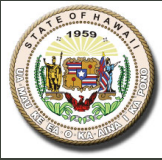
Department of Health and
Department of Human Services
July 29, 2013





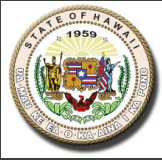
Outline

- Purpose and goals
- Background
 - Medicaid and behavioral health (BH) services
 - Delivery System
- Proposed Transformation
 - Community Care Services (CCS) program
 - Timeline
 - Impact to Beneficiaries
 - Impact to Providers
- Q & A



Purpose of Meeting

To inform consumers, providers and organizations about the DOH/DHS plan to integrate and expand behavioral health services for Adult QExA members



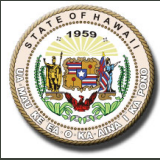
Goals of BH Transformation

- Provide more services to more beneficiaries
- Ensure clinical continuity
- Simplify system navigation for beneficiaries
- Improve service delivery integration
- Reduce administrative burden for providers
- Improve efficiency of State programs
- Optimize federal matching fund claiming



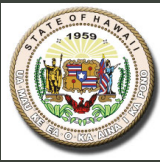
Examples of Medicaid BH Services

- All Medicaid beneficiaries have access to *standard* behavioral health services, and those with SMI/SPMI have access to *specialized* behavioral health services
- *Standard* behavioral health services include psychiatrist, psychologist, psychotropic medications, acute psychiatric hospitalization, substance abuse
- *Specialized* behavioral health services include case management, psychosocial rehabilitation, clubhouse, intensive outpatient hospital, peer specialist, supported employment



What is the Community Care Services (CCS) Program?

- The CCS program is a DHS program that provides behavioral health services to Medicaid beneficiaries who have a SMI/SPMI
- The CCS contract is full-risk capitation with responsibility for the complete scope of behavioral health services
- The CCS contractor is required to coordinate with the health plans
- The current contractor for CCS is 'Ohana Health Plan, which currently provides services to approximately 800 members



Delivery of BH Services: Current Status

	QUEST	QExA	
Non-SMI/SPMI	Standard BH services from QUEST plan	Standard BH services from QExA plan	
SMI/SPMI	Standard and Specialized BH services from QUEST plan	Standard BH services from QExA plan and Specialized BH services from AMHD	Standard and Specialized BH services from CCS



Delivery of BH Services: Phase 1

	QUEST	QExA
Non-SMI/SPMI	Standard BH services from QUEST plan	Standard BH services from QExA plan
SMI/SPMI	Standard and Specialized BH services from QUEST plan	Standard and Specialized BH services from CCS



Delivery of BH Services: Phase 2

	QUEST	QExA
Non-SMI/SPMI	Standard BH services from QUEST plan	Standard BH services from QExA plan
SMI/SPMI	Standard and Specialized BH services from CCS	



Delivery of BH Services: Phase 3

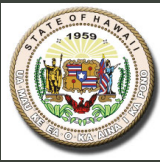
QUEST Integration

Non-SMI/SPMI

**Standard BH
services from
QI plan**

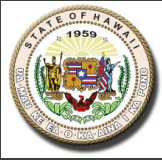
SMI/SPMI

**Standard
and
Specialized
BH services
from CCS**



Transformation Phases

- Changing the CCS program to a Behavioral Health Organization March 1, 2013
- PHASE 1: Transitioning QExA members with SMI/SPMI receipt of specialized BH services from AMHD to CCS; expanding eligibility and benefits September 1, 2013
- PHASE 2: Transitioning QUEST members with SMI/SPMI to receipt of specialized BH services from their QUEST health plan to CCS TBD, 2014
- PHASE 3: Implementation of QUEST Integration health plan contracts January 1, 2015



SMI/SPMI Diagnosis Eligibility

- Schizophrenic Disorders
- Schizoaffective Disorders
- Delusional Disorders
- Mood Disorders - Bipolar Disorders
- Mood Disorders - Depressive Disorders
- Substance Induced Psychosis
- Post Traumatic Stress Disorder



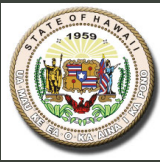
SMI/SPMI Functional Eligibility

- Demonstrates the presence of a qualifying diagnosis for at least twelve (12) months or is expected to demonstrate the qualifying diagnosis for the next twelve (12) months, and
- Meets at least one of the criteria demonstrating instability and/or functional impairment:
 - GAF < 50; or
 - Clinical records demonstrate that member is unstable under current treatment or plan or care; or
 - Requires protective services or intervention by housing/law enforcement officials
- Members who do not meet the eligibility criteria, but the MQD's medical director or designee believe that additional services are medically necessary for the member's health and safety, are evaluated on a case by case basis for provisional eligibility



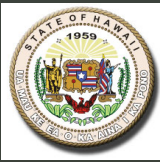
CCS Behavioral Health Services

- Inpatient psychiatric hospitalization
- Emergency department
- Ambulatory services (crisis management)
- Medication management
- Diagnostic services
- Alcohol and chemical dependency services to include methadone management
- Intensive case management
- Intensive outpatient hospitalization (IOH)
- Psychosocial rehabilitation (PSR)
- Specialized Residential Treatment
- Individual and group therapy
- Medically necessary therapeutic services to prevent institutionalization
- Maintenance of member's Medicaid eligibility
- Peer specialist
- Clubhouse
- Supported housing
- Representative payee
- Supported employment



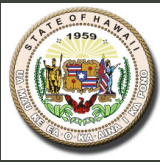
Phase 1: Transitioning from AMHD to CCS

- In order to standardize the authorization process and align fiscal accountability for the QExA CCS program, 'Ohana will assume some functions performed previously by AMHD
- AMHD will remain a QExA provider through Community Mental Health Center (CMHC) based service delivery
- QExA members receiving services at a CMHC may continue to be served at the CMHC if they so choose
- All QExA members will generally be offered choice of provider



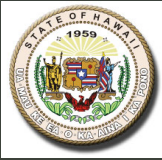
Phase 1: Transition Timeline

- July: DOH/DHS identify DHS QExA members who are currently receiving services from AMHD
- August: Notification of the change of responsibility for service provision from AMHD to CCS sent to both members and providers
- Sept: Fiscal responsibility for most DOH AMHD behavioral health services consumers is transitioned to the CCS program and assessments for transition of care begin



Transition Process

- CCS will assess its new members to assure consumers are receiving all medically necessary behavioral health services
- Completion will take approximately six months
- AMHD prior authorizations will be accepted by CCS until CCS completes an assessment and develops an updated care plan



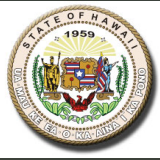
AMHD Responsibility

- AMHD will continue to pay for and provide full services to certain individuals as clinically indicated and in support of recovery:
 - All legally encumbered Medicaid beneficiaries
 - Individuals who are AMHD eligible and uninsured
- AMHD will continue to manage certain services for all individuals:
For example: Crisis services for those who contact the ACCESS line
- AMHD will continue to offer, administer, or operate a portfolio of housing services and residential supports across a continuum
- AMHD will continue to certify providers for participation in Medicaid Rehabilitation Option (MRO) program



Impact on Beneficiaries

- QExA members receiving case management and psychiatric care from a CMHC will be able to continue to receive those services at the CMHC
- QExA members and currently receive housing from AMHD will continue to receive this service from AMHD
- AMHD consumers receiving services from an AMHD contracted provider may continue to receive services from that provider since 'Ohana contracts with the same providers
- AMHD will continue to offer a continuum of clinical and housing supports to new (QExA and AMHD) clients who may clinically require these



Crisis Services

- Both AMHD and CCS will maintain a crisis line
- Both will provide crisis services to anyone who calls and needs them
- CCS members are encouraged to call CCS when in crisis
- Any services authorized by AMHD will be reimbursed by CCS



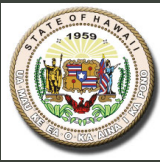
Impact on AMHD Providers

- All behavioral health services with date of service on or after September 1, 2013, for former AMHD members should be billed to 'Ohana Health Plan (CCS program vendor)
- Providers should verify that 'Ohana has all of your AMHD prior authorizations
- CCS will pay non-contracted providers for all authorized MRO services during the transition period
- Providers that do not have a contract with 'Ohana and would like to have one should contact 'Ohana



Options for Referral to CCS

- Providers should contact the beneficiary's health plan to initiate a referral to CCS for anyone who they believe will benefit from services
- AMHD will make referrals to the Med-QUEST Division (MQD) for anyone they serve who would qualify for CCS
- QExA health plans will make referrals to MQD for individuals who they identify as needing services
- Once referral is approved by MQD, the beneficiary will be enrolled in the CCS program prospectively



About 'Ohana Health Plan

Our vision for the CCS Program: Increased Member Choice, Improved Quality, Increased Accountability

Over 180 associates physically located across five islands

We offer the following Medicaid plans:

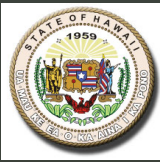
- QUEST Expanded Access Medicaid (QExA) and QUEST Medicaid
- Community Care Services (CCS) – Standard and Specialized Behavioral Health Services for members deemed to be Seriously Mentally Ill (SMI). (Effective 03/01/2013)

Four Office Locations

- Oahu- Waipahu (Main Office) & Honolulu/Waterfront Plaza
- Maui- Kahului
- Big Island- Hilo

Local Customer Service

- We answer 100% of provider and member calls locally in our Waipahu location



'Ohana Health Plan CCS ID Cards

OHANA
HEALTH PLAN

Member Name: <First MI Last Name>
Member ID: <000000000000>
Medicaid ID: <000000000000>

Case Manager/Agency: <First Last Name>
<X-XXX-XXX-XXXX>
<Street Address 1>
<Street Address 2>
<City, ST ZIP>

Third Party Liability: <Y/N/Call 'Ohana>
Effective Date: <XX/XX/XXXX>
Eligibility Renewal Date: <XX/XX/XXXX/Call 'Ohana>

COMMUNITY CARE SERVICES (CCS)

The 'Ohana Member ID was designed to look different from any other 'Ohana card one might have such as for QExA or Medicare

Providers can check CCS eligibility on the Med-QUEST eligibility website or on our website if they are a registered provider

IMPORTANT INFORMATION

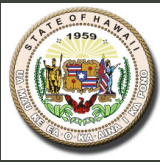
'Ohana Health Plan CCS will provide you with your behavioral health services. These are offered through the State of Hawaii's Community Care Services (CCS) Program.

Keep your 'Ohana CCS ID card with you at all times. You'll need to show it to get your behavioral health care and prescriptions.

For questions, call us toll free at <X-XXX-XXX-XXXX> (TTY/TDD <X-XXX-XXX-XXXX>).

Or go to our website at <web address>.

Keep your other QUEST Expanded Access (QExA) ID card with you too. You'll need it to get your medical care and prescriptions.



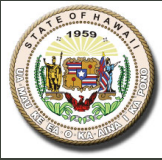
'Ohana Health Plan CCS Resources

- Providers and Members have access to a variety of easy-to-use reference materials at **www.OhanaCCS.com**
 - Information on Plan/Product availability
 - Member eligibility and assigned case management agency
 - Resource Guides related to claims, authorizations, EFT and how to contact us
 - Provider Manuals & Member Handbook
 - Clinical Practice and Clinical Coverage Guidelines
 - Provider & Pharmacy lookup
 - Quick Reference Guides that provide contact information for specific departments and authorization information
- Or you can contact your local office for assistance or call our Customer Service at:

1-888-846-4262
(1-888-8-4-OHANA)



Questions and Answers



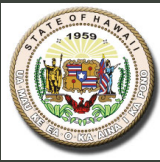
Websites

Information on Integration/Expansion of BH services:

<http://humanservices.hawaii.gov/mqd/files/2012/12/integration.pdf>

‘Ohana:

<http://www.ohanaccs.com>



Contact Information

DHS Med-QUEST
<http://www.med-quest.us>
or 808-692-8099

DOH Adult Mental Health Division (AMHD)
<http://health.hawaii.gov/amh>
or 808-586-4689

'Ohana Health Plan
<http://www.ohanahealthplan.com>
or 1-888-846-4262